## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS REFORE THE LISPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.79(b).				
I hereby appoint:	***************************************			
X Practitioners ass	oclated with the Customer Number:	70353		
OR				
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):				
	Name	Registration Number	Name	Registration Number
L	140			
es attorrey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications easigned by to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.79% or assignment according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.79% or assignment according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.79% or assignment according to the USPTO assignment records or assignment according to the USPTO assignment and the USPTO assignment and the USPTO assignment according to the USPTO assignment and the USPTO assignment according to the USPTO				
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:				
		F	7	
	ssociated with Customer Number;	70353		
OR Firm or				
Individual Name				
Address				
City		State	Zip	1
Country				
Telephone	Email			
Assignee Name and Address:				
LipoSonix, Inc.				
P.O. Box 1676				
Bothell, WA 98041-1676				
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be				
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of				
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.				
SIGNATURE of Assignee of Record				
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee				
Signature /	let -		Date 04/19/20	w7
	Quistgaard		Telephone (425) 36	8-2010
	ent and CEO			
his collection of information is required by 27 CFR 13.1, 13.2 and 13.3. The information is required to chain or main a beam'd by the guide which is to fine [rend] with UEFFI (or potentially a general by 35 U.S. C. 12 and 75 CFR 1.1 and 1.1.1 he is collection as estimated to late 3 minuted to late 3 minuted to late 3 minuted to late 3 minuted by 18.5 CFR 1.2 and 1.1.5 CFR 1.1 and 1.1.1 he is collection as estimated to late 3 minuted to late 3 minuted by 18.5 CFR 1.2 and 1.1.5 CFR 1.1 and 1.1.1 he is collection as estimated to late 3 minuted by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated to late 3 minuted by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated to late 3 minuted by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated to late 3 minuted by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated by 18.5 CFR 1.1 and 1.1.1 he is estimated by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated by 18.5 CFR 1.1 and 1.1.1 he is collection as estimated by 18.5 CFR 1.1 and 18.5 CFR				

FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.